

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007604

STATE FILE NUMBER

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 576

FILED FEB 28 1962

## 1. PLACE OF DEATH

a. COUNTY

St. Charlesb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Charles

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Joseph Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Charlesc. CITY  
OR TOWNDefiance, Mo.

Inside Limits

Yes ☐ No ☒d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Rudolph

Middle

C..

Last

Jacobsen4. DATE  
OF DEATH

Month

February 19

Day

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

8-8-1878

## 9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months

Days

611

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Jacob Jacobsen

## 13b. MOTHER'S MAIDEN NAME

Antonia Asmus

## 14. NAME OF HUSBAND OR WIFE

Bertha Buerk Jacobsen

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Bertha Schneider, St. Charles

## 18. CAUSE OF DEATH (Enter only one cause per line. If more than one, list them in order of importance. PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uraemia -

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic Cerebritis, Pyelitis -

DUE TO (c)

Atherosclerosis

INTERVAL BETWEEN ONSET AND DEATH

4 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

arteriosclerosis, arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 1955 to Feb 19-62 and last saw him alive on Feb 19-62  
Death occurred at 330 P m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Vincent A. Schneider M.D.

## 22b. ADDRESS

St. Charles, Mo.

## 22c. DATE SIGNED

2/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

2/22/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Immaculate Conception Cem. Augusta, Mo.

## 23d. LOCATION (City, town, or county)

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

Arthur C. Baue, St. Charles, Mo.

## 25. DATE RECD. BY LOCAL REG.

2/21/62

## 26. REGISTRAR'S SIGNATURE

Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

MAR 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John C. Smith

Licensed Embalmer No. 5145

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.